MEMORANDUM

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
FOOD AND DRUG ADMINISTRATION
CENTER FOR BIOLOGICS EVALUATION AND RESEARCH

DATE: November 2, 1998

FROM: Earl S. Dye, Ph.D., DARP

TO: License Number 1132

SUBJECT: Immunex Summary Basis of Approval

BLA: 98-0286

Manufacturer: Immunex Corporation
51 University Street
Seattle, WA 98101

Drug License Name: Etanercept

Drug Trade Name: Enbrel

Indications and Usage
Enbrel (etanercept) is indicated for reduction in signs and symptoms of moderately to severely active rheumatoid arthritis in patients who have had an inadequate response to one or more discease-modifying antirheumatic drugs (DMARDS). Enbrel can be used in combination with methotrexate in patients who do not respond adequately to methotrexate alone.

Dosage Form, Route of Administration, and Recommended Dosage
Enbrel is supplied as a sterile, white, preservative-free, lyophilized powder for parenteral administration after reconstitution with 1 mL of the supplied Sterile Bacteriostatic Water for Injection, USP (containing 0.9% benzyl alcohol). Following reconstitution, the solution of Enbrel is clear and colorless, with a pH of 7.4 ± 0.3. Each single-use vial of Enbrel contains 25 mg etanercept, 40 mg mannitol, 10 mg sucrose, and 1.2 mg tromethamine.

Enbrel is intended for use under the guidance and supervision of a physician. Patients may self-inject only if their physician determines that it is appropriate and with medical follow-up, as necessary, after proper training in injection technique. The recommended dose of Enbrel for adult patients with rheumatoid arthritis is 25 mg given twice weekly as a subcutaneous (SC) injection. The recommended dose in children with polyarticular course JRA ages 4 to 17 years is 0.4mg/kg (maximum 25 mg dose) of Enbrel SC twice weekly. Methotrexate, glucocorticoids, salicylates,

nonsteroidal anti-inflammatory drugs (NSAIDs), or analgesics may be continued during treatment with Enbrel.

Basis for Approval

The basis of approval of Enbrel for patients with moderately to severely active rheumatoid arthritis who have failed one or more discease-modifying antirheumatic drugs (DMARDS) is contained in the following appended documentation: